

EXHIBIT I

Catherine Rivera

From: Henry Warner [hwarner@ebiosafe.com]
Sent: Tuesday, May 23, 2006 3:45 PM
To: Andrew Worden
Cc: mcs@barronpartners.com
Subject: BIOSAFE
Attachments: Retail proforma 5-23-06 1.2.xls; Catalog 1.8.pdf

Andrew and Matt:

Thank you for the opportunity to talk to some of your references. All reports were absolutely excellent.

BIOSAFE had planned to spin out its retail drug division by the end of June and has been working with others to this end. If you are interested, we would like to discuss working with your group instead.

Please review the attached financials. We are now in 14,000 stores having just added 5,000 Walgreens stores this month.

Our typical method of transfer is to license the products and existing contracts which should simplify the transaction.

We look forward to your thoughts and comments.

Hank

Henry A. Warner
Chief Executive Officer
BIOSAFE Medical Technologies, Inc.
847-234-8111

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Retail Newco

Projected Income Statement
INTERNAL USE ONLY - Confidential

| | 2005 | 2006 | 2007 | 2008 | 2009 |
|--|------------------|------------------|-------------------|-------------------|-------------------|
| Product Revenue: | | | | | |
| Cholesterol Panel | \$ 277,200 | \$ 450,450 | \$ 1,145,375 | \$ 1,617,000 | \$ 1,886,500 |
| TSI | \$ 255,906 | \$ 471,192 | \$ 1,218,600 | \$ 1,706,040 | \$ 1,827,900 |
| PSA | \$ 357,000 | \$ 541,875 | \$ 1,063,750 | \$ 1,785,000 | \$ 1,912,500 |
| Hemoglobin A1c | \$ 10,380 | \$ 77,700 | \$ 691,530 | \$ 699,300 | \$ 932,400 |
| Disease Management-Pharmacy | \$ 552,300 | \$ 437,238 | \$ 1,288,700 | \$ 1,656,900 | \$ 2,761,500 |
| Anemia Meter | 4,185 | 209,250 | 781,200 | 837,000 | 627,750 |
| Rapid Allergy | - | - | 1,276,800 | 2,394,000 | 2,992,500 |
| New Development | 125,887 | 455,289 | 885,123 | 1,038,148 | 3,742,500 |
| Internet | | | | | 1,245,777 |
| Revenue via Acquisition | | | | | |
| Total Revenue | 1,582,338 | 6,342,994 | 13,951,078 | 21,444,638 | 28,905,327 |
| COGS-Biosafe Products | \$ 674,552 | \$ 957,206 | \$ 3,123,325 | \$ 4,825,089 | \$ 6,386,897 |
| COGS via Acquisition | \$ 126,627 | \$ 2,400,000 | \$ 3,360,000 | \$ 4,704,000 | \$ 6,585,600 |
| Royalty to Biosafe | | | | | |
| Total Gross Margin | 781,659 | 2,754,348 | 6,351,667 | 10,199,978 | 13,620,404 |
| % of Net Revenue | 49% | 41% | 46% | 48% | 47% |
| Selling, General and Administrative | | | | | |
| Sales and Commissions | 6% | 89,935 | 140,368 | 466,460 | 774,752 |
| Other Salaries | | - | 190,000 | 570,000 | 650,000 |
| Rent/Utilities | | | 60,000 | 120,000 | 120,000 |
| Payroll Tax & Benefits | | 15,739 | 57,814 | 181,380 | 249,332 |
| Professional | | | 50,000 | 75,000 | 81,000 |
| General Insurance | | | 50,000 | 60,000 | 80,000 |
| Bad Debt @ | 2% | 31,657 | 132,860 | 279,022 | 428,993 |
| Other Expenses | | | 47,860 | 156,166 | 241,254 |
| Travel & Entertainment | | | 50,000 | 75,000 | 100,000 |
| Total S,G & A | | 137,330 | 778,903 | 1,983,028 | 2,725,231 |
| EBITDA | | 644,329 | 1,975,445 | 4,368,639 | 7,474,747 |
| % of Revenue | 41% | 30% | 31% | 35% | 35% |
| Depreciation and Amortization | | | | | |
| EBIT | | 644,329 | 1,755,445 | 4,103,639 | 7,159,747 |
| % of Revenue | 41% | 26% | 29% | 33% | 34% |
| Interest Income | | | | | |
| Interest | | | | | |
| Pre Tax Profit (Loss) | | | | | |
| Income Taxes | | | | | |
| Net Income | | | | | |
| Confidentiality of Revenue | | | | | |

28%
20061,097,153
2,601,34319%
21%6,188,842
6,188,8422,761,500
2,761,5003,713,305
3,713,3056,188,842
6,188,8422,992,500
2,992,5003,742,500
3,742,5001,245,777
1,245,777

PL 00321



CATALOG
OF
DIAGNOSTIC PRODUCTS

2006
APRIL
BIOSAFE Medical Technologies, Inc
100 Field Drive, Suite 240
Lake Forest, Illinois 60045
847-234-8111

BIOSAFE Medical Technologies
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BIOSAFE CHOLESTEROL PANEL

Disease Category: Coronary Heart Disease
Disease State: Cholesterol Management
Product: BIOSAFE Cholesterol Panel
 Including Total Cholesterol, HDL, LDL and Triglycerides
 a.k.a. BIOSAFE Lipid Panel

Product Description:

The micro sample blood test is a self-contained collection kit FDA approved for patient self-collection or professional use. The test reports all four lipid fractions: total cholesterol, HDL cholesterol, LDL cholesterol, and triglycerides. BIOSAFE has obtained certification from the National Cholesterol Education Program (NCEP) by conducting comparisons of results obtained at BIOSAFE Laboratories with those obtained at a CDC Cholesterol Reference Method Laboratory Network (CRMLN).

Packaging:

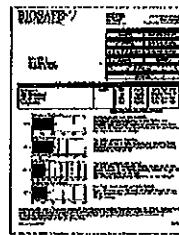
Professional Use



Retail (Consumer)



Report Format:



Markets:

- Large Pharma – in support of marketing and drug persistency programs
- Disease Management – in support of coronary heart disease and high cholesterol patients
- Retail Drug – Retail Product; Customer screening programs
- Clinical Trial & Research

Selected Customers by Category:

- Pharmaceutical Companies: Merck, AstraZeneca, Bristol Meyers, Bayer, Johnson & Johnson
- Disease Management & Pharmacy Benefit Managers: Caremark, Matria, CCS, Focused Healthcare Solutions, CorSolutions, Shipps
- Retail Drug: Albertsons, Safeway, Osco, Kroger (Ralph's)
- Clinical Trial & Research: University of Michigan, Research Triangle Institute, Stanford

BIOSAFE THYROID TEST (TSH)

Disease Category: Thyroid Disease

Disease State: Hypothyroidism, Hyperthyroidism, Disease Detection and Management

Product: BIOSAFE Thyroid Disease – A measure of TSH

a.k.a. BIOSAFE TSH Test



Product Description:

The micro sample blood test is a self-contained collection kit FDA approved for patient self-collection or professional use. The test reports TSH levels as measured in the patient's blood. Report of results are presented in a user-friendly format easy to read and self explanatory for the consumer. Packaging is available for both the physician and the consumer. Test is used to monitor, detect, and aid in the diagnosis of Thyroid disease. Test is appropriate for both hypothyroidism and hyperthyroidism.

Packaging:

Retail (Consumer)



Retail (Counter Display)



BIOSAFE Blood Transport System (BTS)



Markets:

- Large Pharma – in support of marketing and drug persistency programs
- Disease Management – in support of thyroid disease and weight management
- Retail Drug – Retail Product; Customer screening programs
- Clinical Trial & Research

Selected Customers by Category:

- Pharmaceutical Companies: King Pharmaceuticals (Maker of Levoxal®)
- Retail Drug: Albertsons, Safeway, Osco, Kroger (Ralph's), CVS

BIOSAFE PROSTATE TEST (PSA)

Disease Category: Men's Health – Diagnosis and Disease Management

Disease State: Prostate Disease

Product: BIOSAFE Prostate Test

a.k.a. BIOSAFE PSA



Product Description:

The micro sample blood test is a self-contained collection kit approved for patient self-collection or professional use. The consumer or physician collects 3 drops of blood from the patient and mails the blood sample to BIOSAFE's laboratory for analysis. BIOSAFE Laboratories produces a consumer friendly report. The user receives quantitative results from the test. No longer will it be necessary to go to a doctor's office or a laboratory to draw blood and then wait a period of time for the results. From a few drops of blood obtained from a finger nick, a quantitative PSA determination, with clinical accuracy, is obtained. The BIOSAFE Prostate Test is appropriate for male consumers who suffer the symptoms of prostate disease, including difficulty in urination, frequent or urgent need to urinate and painful urination or who have a history of prostate disease. The test instructions direct the user to take the results from the test to his physician for consultation.

Packaging:

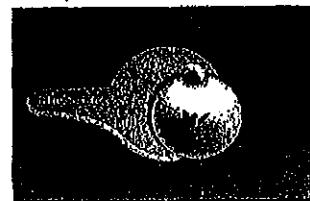
Professional Use



Retail (Consumer)



BIOSAFE Blood
Transportation System



Markets:

- Large Pharma – in support of marketing and drug persistency programs
- Disease Management – in support of prostate disease screening programs and prostate disease management
- Retail Drug – Retail Product; Customer screening programs
- Clinical Trial & Research

Selected Customers by Category:

- Disease Management & Pharmacy Benefit Managers: Caremark, Matria, CCS, Focused Healthcare Solutions, CorSolutions, Shipp's
- Retail Drug: Albertsons, Safeway, Osco, Kroger (Ralph's), CVS

BIOSAFE ALLERGY SCREEN

(Lab-based IgE Test)

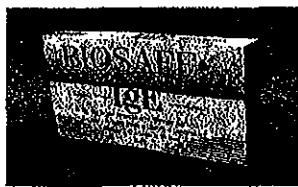
Disease Category: General Allergies
 Disease State: Indoor Allergies, Outdoor Allergies, Allergic Asthma
 Product: BIOSAFE Allergy Test - a general allergy screen using a sample collection kit and lab processing and reporting
 a.k.a. BIOSAFE IgE Test – Lab based

Product Description:

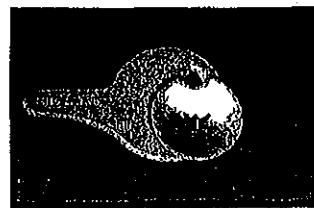
The micro sample blood test is a self-contained collection kit FDA approved for patient self-collection or professional use. The test reports serum IgE levels as measured in the patient's blood. Report of results are presented in a user-friendly format easy to read and is self explanatory for the consumer. Packaging is available for both the physician and the consumer. This test is used to monitor, detect, aid in the diagnosis of allergies. Test is appropriate for indoor, outdoor, food and animal allergies.

Packaging

Professional Use



Samples Collection Device
 BIOSAFE Blood Transportation System
 (BIOSAFE BTS)



Markets

Allergy is the world's leading disease and as a result, markets for allergy testing are enormous. More people suffer from allergies than from any other single illness. World health authorities estimate that one in five persons is affected by allergies. According to recent studies, 142 million people in the US suffer from Upper Respiratory Distress and Sinusitis – that is approximately ½ of the US population. The product provides many benefits to both the physician and the patient, including, in office or home use, clinical accuracy, no unnecessary testing, convenience, and perhaps best of all, no pain and lower cost.

Facts About Allergies and the Allergy Market:

- 50 million people have Allergic Rhinitis ⁽¹⁾
- 50 million people have non-Allergic Rhinitis ⁽¹⁾
- 42 million people have Sinusitis⁽¹⁾, of which 33 million suffer Chronic Sinusitis ⁽⁵⁾
- Chronic Allergies limit the activity of 40% of children in the US ⁽⁶⁾
- Seasonal Allergies cost payors \$ 4.5 billion annually in medical care ⁽⁵⁾
- Allergies are the leading cause of loss of employee productivity on the job ⁽⁴⁾
- Allergies are responsible for 3.5 million lost US workdays each year ⁽⁵⁾
- Allergy sufferers account for more than 8.4 million physician visits per year ⁽⁵⁾

References

- (1) Source: Dialogues in redefining Rhinitis, Vol. No. 1 & 4, Office of Continuing Medical Education, UCLA School of Medicine
- (2) Kalamazoo, Mich.; Pharmacia & Upjohn; 1999, Publication 99050.
- (3) Steinbach S, et al. Diagnostic assessment and resource utilization in patients prescribed non-sedating antihistamines. March 2001, Philadelphia, Pa.
- (4) Burton and Conti, Disease Management, Vol. 1, November 1998
- (5) Asthma and Allergy Foundation of America

BIOSAFE ANEMIA Meter™
Rapid Anemia Test

Disease Category: Anemia
 Disease State: Chronic Kidney Disease, HIV, Oncology, Diabetes, Anemia
 Product: BIOSAFE Anemia Meter™ Rapid Anemia Test

Product Description:

Low cost, single use, disposable unit is for consumer and professional use. Designed and developed by BIOSAFE's research and development team to measure hemoglobin levels, this FDA approved and CLIA waived device provides a result in 20 minutes that is both easy to understand and as accurate as a standard laboratory analysis. The consumer friendly design of this product makes it especially easy to use for the first time user.



Packaging:
 Professional Use



Retail (Consumer)



Markets:

- Large Pharma – in support of marketing and drug persistency programs
- Retail Drug – Retail Product; Customer screening programs
- Web-based Retail – on-line retail drug stores
- Foreign Market – as an instant test, no local lab is required
- Clinical Trial & Research

Selected Customers:

- Retail Drug: CVS, Walgreens, Safeway, Kroger (Ralph's)
- Web-based Retail: Amazon
- Medical Supply & Wholesale Distributors: Kinray, McKesson
- Foreign Markets: Greece (VI Pharma); Italy

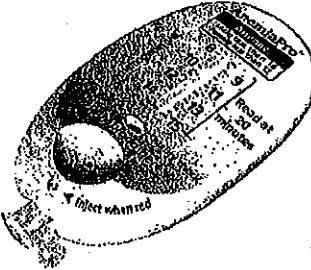
Competitive Advantages:

BIOSAFE Anemia Meter™ Rapid Anemia Test:

- FDA approved; CLIA waived
- No equipment to buy
- Results in 20 minutes
- Single-Use, Rapid Response Anemia Device
- As accurate as a laboratory test
- A quick and convenient way for physicians to test patients in the office

BIOSAFE AnemiaPro™
Rapid Anemia Test

Disease Category: Anemia
 Disease State: Chronic Kidney Disease, HIV, Oncology, Diabetes, Anemia
 Product: BIOSAFE AnemiaPro™ Rapid Anemia Test



Product Description:

Low cost, single use, disposable unit is for consumer and professional use. Designed and developed by BIOSAFE's research and development team to measure hemoglobin levels, this FDA approved and CLIA waived device provides a result in 20 minutes that is both easy to understand and as accurate as a standard laboratory analysis. The product is available free of charge to chronic kidney disease, HIV, oncology and diabetes patients through Johnson and Johnson's OrthoBiotech Group in support of Procrit®.

Promotions:

- Primary Care Physicians
- Magazines
- Television
- Website: www.anemiapro.com

Examples of Promotions:

Television: Spokes Person
 Alonzo Mourning



Print Advertising
 Family Circle Magazine



Competitive Advantages:

BIOSAFE AnemiaPro™ Rapid Anemia Test:

- FDA approved; CLIA waived
- No equipment to buy
- Results in 20 minutes
- Single-Use, Rapid Response Anemia Device
- As accurate as a laboratory test
- A quick and convenient way for physicians to test patients in the office

BIOSAFE AnemiaSure™
Rapid Anemia Test

Disease Category: Anemia
Disease State: Chronic Kidney Disease, HIV, Oncology, Diabetes, Anemia
Product: **BIOSAFE AnemiaSure™** Rapid Anemia Test

Product Description:

Low cost, single use, disposable unit is for consumer and professional use. Designed and developed by BIOSAFE's research and development team to measure hemoglobin levels and provide a simple yes/no answer to the question, "Am I anemic, this FDA approved and CLIA waived device provides a result in 20 minutes that is both easy to understand and as accurate as a standard laboratory analysis. The product is available free of charge to chronic kidney disease, HIV, oncology and diabetes patients through AMGEN in support of EpoGen® and Aranesp®.



Competitive Advantages:

The BIOSAFE AnemiaSure™ Rapid Anemia Test:

- FDA approved; CLIA waived
- No equipment to buy
- Results in 20 minutes
- Single-Use, Rapid Response Anemia Device
- As accurate as a laboratory test
- A quick and convenient way for physicians to test patients in the office

BIOSAFE HEMO-QUANT
Rapid Anemia Test

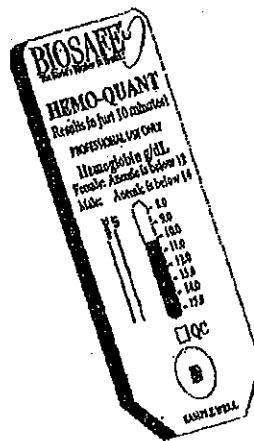
Disease Category: Anemia
Disease State: Chronic Kidney Disease, HIV, Blood Disorders, Diabetes, Anemia
Product: BIOSAFE Hemo-Quant Rapid Anemia Test

Product Description:

Low cost, single use, disposable unit is for professional use by physicians and hospitals. Designed and developed by BIOSAFE's research and development team to measure hemoglobin levels, this FDA approved and CLIA waived device provides a result in less than 10 minutes that is both easy to understand and as accurate as a standard laboratory analysis. The product will be available through major medical products' distributors and will be priced to support third-party reimbursement.

Professional Markets:

- Primary Care Physicians
- Hospitals
- Critical Care
- Dialysis Providers
- Diabetes Management
- Blood Banks
- Dialysis Care



Competitive Advantages:

The BIOSAFE Hemo-Quant Rapid Anemia Test:

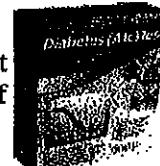
- FDA approved; CLIA waived
- No equipment to buy
- Results in 10 minutes
- Single-Use, Rapid Response Anemia Device
- As accurate as a laboratory test
- A quick and convenient way for physicians to test patients in the office

BIOSAFE A1c (DIABETES)

Disease Category: Diabetes – Diagnosis and Disease Management
 Disease State: Diabetes
 Product: BIOSAFE A1c Test (Diabetes)
 a.k.a. BIOSAFE Diabetes Test

Product Description:

The micro sample blood test is a self-contained collection kit approved for patient self-collection or professional use. The consumer or physician collects 3 drops of blood from the patient and mails the blood sample to BIOSAFE's laboratory for analysis. BIOSAFE Laboratories produces a consumer friendly report. The user receives quantitative results from the test. No longer will it be necessary to go to a doctor's office or a laboratory to draw blood and then wait a period of time for the results. From a few drops of blood obtained from a finger nick, a quantitative A1c determination, with clinical accuracy, is obtained. The BIOSAFE A1c Test is appropriate for all consumers who have diabetes and wish to appropriately monitor and manage the disease. The test instructions direct the user to take the results from the test to his or her physician for consultation. This test is appropriate for physician use.



Packaging:

Pediatric Promotion Retail (Counter Display)
 Featuring "Doc Furry"

BIOSAFE Blood
Collection Card



Markets:

- Large Pharma – in support of marketing and drug persistency programs
- Disease Management – in support of diabetes management programs
- Retail Drug – Retail Product; Customer health programs
- Clinical Trial & Research

Selected Customers by Category:

- Disease Management & Pharmacy Benefit Managers: Caremark, Matria, CCS, Focused Healthcare Solutions, CorSolutions, Shipp's
- Retail Drug: Albertsons, Safeway, Osco, Kroger (Ralph's)
- Clinical Trial & Research: University of Michigan, Research Triangle Institute, Stanford University

BIOSAFE RAPID LIVER FUNCTION TEST (ALT)

Disease Category: Liver Dysfunction

Disease State: Liver Disease, Liver Disease resulting from HIV, Oncology, Diabetes, Coronary Heart Disease, Drug side effects on the Liver.

Product: BIOSAFE Rapid Liver Function Test
a.k.a. BIOSAFE Instant ALT

Product Description:

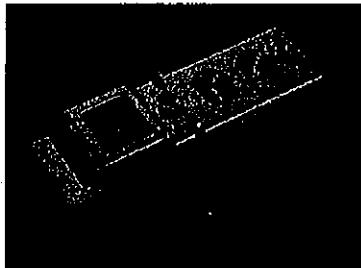
Low cost, single use, disposable unit is for consumer and professional use. Designed and developed by BIOSAFE's research and development team to measure ALT levels in the blood, this to be FDA approved and CLIA waived device provides a result in less than 10 minutes that is both easy to understand and as accurate as a standard laboratory analysis. The consumer friendly design of this product makes it especially easy to use for the first time user.

So many drugs have the potential for causing liver damage including the widely prescribed cholesterol reducing drugs from the class called "statins". These drugs include but are not limited to Lipitor®, Mevacor®, Zocor®, Pavacol®, and Crestor®. Approximately 13 million people take statins and should have their liver checked regularly.

Is my Liver Healthy? – How do you know?

The BIOSAFE rapid ALT test provides a general screening for liver dysfunction. A physician or consumer will use this product to monitor liver health. This is a low cost tool which will help keep the physician informed as to the patient's liver health.

BIOSAFE Rapid Liver Function Test (ALT)



Markets:

- Large Pharma – in support of marketing and drug persistency programs
- Retail Drug – Retail Product; Customer screening programs
- Web-based Retail – on-line retail drug stores
- Foreign Market – as an instant test, no local lab is required
- Clinical Trial & Research

Selected Potential Customers:

- Retail Drug: CVS, Walgreens, Albertsons, Safeway
- Web-based Retail: Amazon, Drugstore.com
- Medical Supply & Wholesale Distributors: McKesson, Cardinal
- Foreign Markets: Greece (VI Pharma); Italy

BIOSAFE RAPID PROSTATE TEST (PSA NOW)

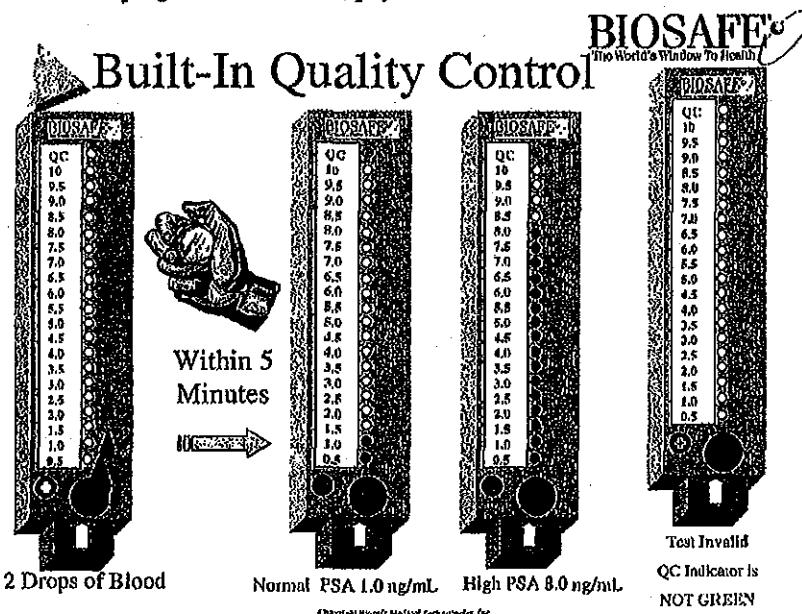
Disease Category: Men's Health – Diagnosis and Disease Management
 Disease State: Prostate Disease
 Product: BIOSAFE RAPID PROSTATE TEST
 a.k.a. BIOSAFE PSA NOW

Product Description:

Products in this series have been and will be selected based upon four criteria: (1) Physician need and desire for the product; (2) Consumer desire and understanding of the product; (3) Adequate market size and (3) BIOSAFE's ability to produce the product at a cost significantly below that currently being reimbursed by insurance companies.

The PSA Device is being developed as a hand-held, consumer friendly, point-of-care device that will immediately give the user quantitative results of the test. This eliminates the need to go to a doctor's office or a laboratory to draw blood and then wait a period of time for the results.

From a few drops of blood obtained from a finger nick, the quantitative PSA Device will immediately determine, with clinical accuracy, the PSA level in the patient's or consumer's blood. Markets for the PSA Device will include: (1) routine clinical testing in the physician's office, (2) physician monitoring of effectiveness of treatment and monitoring of disease progression, (3) screening for large pharmaceutical companies to find customers for their drugs which treat prostate disease, including both prostate cancer and benign prostate hyperplasia, and (4) like the home pregnancy test, the PSA Device will be produced as an inexpensive retail product directed at men who suffer the symptoms of prostate disease, including difficulty in urination, frequent or urgent need to urinate and painful urination. The PSA Device will initially be used in physician's offices to screen for prostate disease, including prostate cancer, and to monitor disease treatment and progression. In 1999, physicians ordered 10 million PSA tests in the U.S.



Markets:

- Large Pharma – in support of marketing and drug persistency programs
- Disease Management – in support of men's health programs
- Retail Drug – Retail Product; Customer screening programs
- Clinical Trial & Research

BIOSAFE ALLERGY TEST

Rapid Allergy Screen

Disease Category: General Allergies
 Disease State: Indoor Allergies, Outdoor Allergies, Allergic Asthma
 Product: BIOSAFE Allergy Test - a general allergy Screen
 a.k.a. BIOSAFE IgE Test

Product Description:

Low cost, single use, disposable unit is for consumer and professional use. Designed and developed by BIOSAFE's research and development team to measure IgE levels, this FDA approved and CLIA waived device provides a result in less than 10 minutes that is both easy to understand and as accurate as a standard laboratory analysis. The consumer friendly design of this product makes it especially easy to use for the first time user.

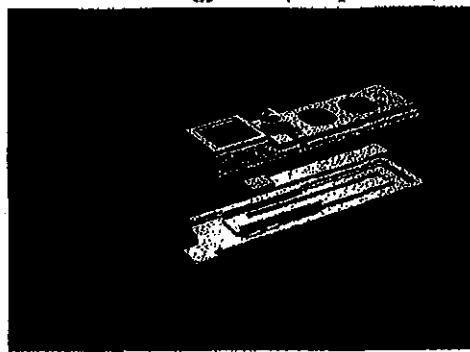
The product will be available through major medical products' distributors and will be priced to support third-party reimbursement. The BIOSAFE Allergy Test will be available through retail drug and internet-based retailers.

Product Design

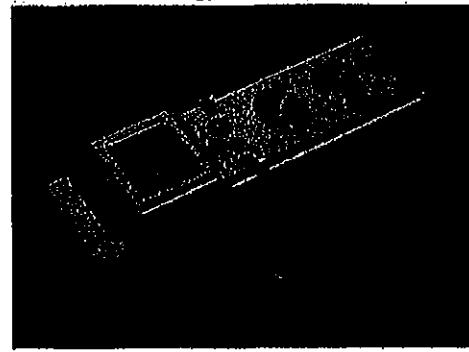
Allergy or Cold - How do you know?

The BIOSAFE rapid allergy test called the BIOSAFE Allergy Test begins with a general screening for allergies. A physician or consumer will use this product to determine the type of treatment required – Allergy or Cold. This is a low cost tool which will help the physician and consumers treat allergies and colds/flu with appropriate antibiotics or allergy treatments.

BIOSAFE Allergy Test (components)



BIOSAFE Allergy Test (Assembled)



Markets

- Large Pharma
- Retail Drug
- Clinical Trial and Research

BIOSAFE ALLERGY PANEL

Rapid Allergy Panel

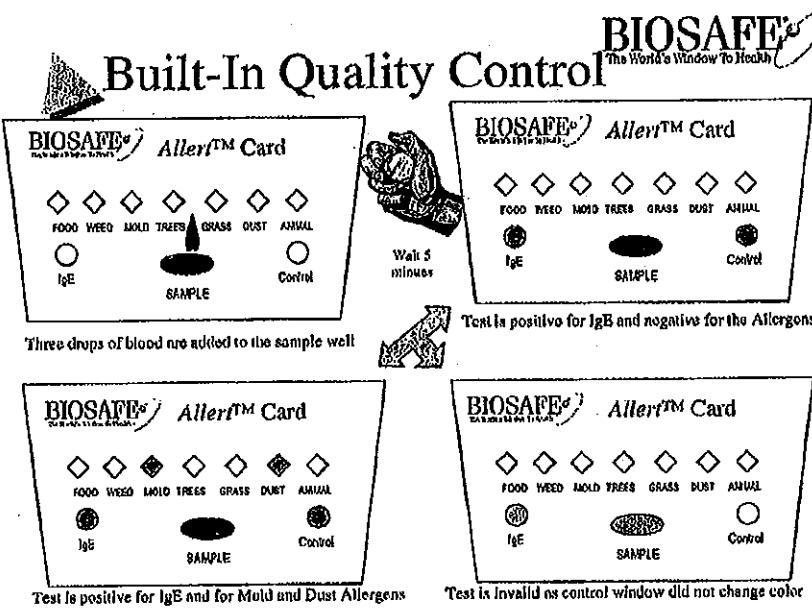
Disease Category: General Allergies
 Disease State: Indoor Allergies, Outdoor Allergies, Allergic Asthma
 Product: BIOSAFE Allergy Panel - a category specific allergy screen

Product Description:

Low cost, single use, disposable unit is for consumer and professional use. Designed and developed by BIOSAFE's research and development team to measure specific IgE levels by category, this FDA approved and CLIA waived device is a follow-up product to the BIOSAFE Allergy Test. This product can be custom designed to provide results in up to 7 categories. The BIOSAFE Allergy Panel provides results in less than 10 minutes that is both easy to understand and as accurate as a standard laboratory analysis. The consumer friendly design of this product makes it especially easy to use for the first time user.

The product will be available through major medical products' distributors and will be priced to support third-party reimbursement. The BIOSAFE Allergy Test will be available through retail drug and internet-based retailers.

Product Design



BIOSAFE ALLERGY REFLEX PANEL

Rapid Allergy Reflex Panel

Disease Category: Specific Allergies by Category
Disease State: Indoor Allergies, Outdoor Allergies, Allergic Asthma
Product: BIOSAFE Allergy Reflex Panel
a specific allergy screen by category

Product Description:

Low cost, single use, disposable unit is for consumer and professional use. Designed and developed by BIOSAFE's research and development team to measure specific IgE levels by category within an allergy group, this FDA approved and CLIA waived device is a follow-up product to the BIOSAFE Allergy Panel. A specific card is used for each category: Grass, Trees, Indoor Allergies, Outdoor Allergies, etc. This product can be custom designed to provide results in up to 7 categories. The BIOSAFE Allergy Reflex Panel provides results in less than 10 minutes that is both easy to understand and as accurate as a standard laboratory analysis. The consumer friendly design of this product makes it especially easy to use for the first time user.

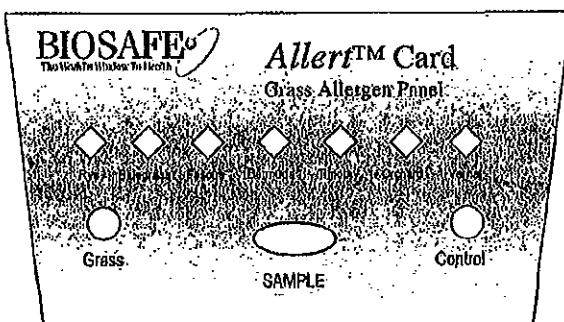
The product will be available through major medical products' distributors and will be priced to support third-party reimbursement. The BIOSAFE Allergy Test will be available through retail drug and internet-based retailers.

Product Design

To be used as a follow-up test to the BIOSAFE Allergy Panel:



Next Generation...



BIOSAFE Allert™ Reflexive Panel Testing

BIOSAFE C-REACTIVE PROTEIN

Disease Category: Inflammation – Diagnosis and Disease Management
Disease State: Infection, Arthritis, Inflammatory Disease
Product: BIOSAFE C-Reactive Protein
 a.k.a. BIOSAFE C-RP

Product Description:

The micro sample blood test is a self-contained collection kit approved for patient self-collection or professional use. The consumer or physician collects 1-3 drops of blood from the patient and mails the blood sample to BIOSAFE's laboratory for analysis. BIOSAFE Laboratories produces a consumer friendly report. The user receives quantitative results from the test. No longer will it be necessary to go to a doctor's office or a laboratory to draw blood and then wait a period of time for the results. From a few drops of blood obtained from a finger nick, a quantitative C-RP determination, with clinical accuracy, is obtained. The test instructions direct the user to take the results from the test to his physician for consultation. This test is appropriate for physician use.

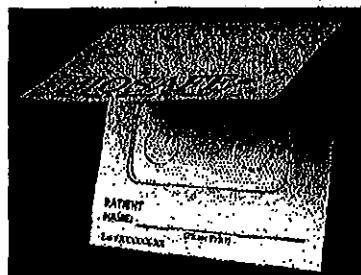
CRP is a general marker of infection and inflammation that alerts medical professionals that further testing and treatment may be necessary. CRP tests are not specific enough to diagnose a particular disease. The CRP test is also used to monitor patients after surgery or other invasive procedures to detect the presence of an infection during the recovery period. The test may be repeated to determine whether treatment of an inflammatory disease is effective since CRP levels drop as inflammation subsides.

Packaging:
 Professional Use Retail (Counter Display)

BIOSAFE Blood
Collection Card

*Image Not
Available*

*Image Not
Available*



Markets:

- Disease Management – in support of various disease management programs
- Retail Drug – Retail Product; Customer health programs
- Clinical Trial & Research

Selected Customers by Category:

- Disease Management & Pharmacy Benefit Managers expected to use this product: Caremark, Matria, CCS, Focused Healthcare Solutions, CorSolutions, Shipp
- Retail Drug: To Be Announced
- Clinical Trial & Research: University of Michigan, Research Triangle Institute, Stanford University

BIOSAFE IgE MEDIATED ASTHMA PANEL

Disease Category: Allergic Asthma, General Allergies
Disease State: Indoor Allergies, Outdoor Allergies, Allergic Asthma
Product: BIOSAFE IgE Mediated Asthma Panel
a category specific allergy screen plus total IgE

Product Description:

Designed and developed by BIOSAFE's research and development team to measure total IgE levels and 7 specific allergen levels in a patient's blood. BIOSAFE's Total IgE determination as well as the specific IgE determinations are based upon Pharmacia's ImmunoCAP technology, the world's gold standard for both Total and Specific IgE testing*. The BIOSAFE IgE Mediated Asthma Panel provides convenience access to IgE testing for the physician without the need for long term laboratory contracts, special equipment or staff. The BIOSAFE IgE Mediated Asthma Panel also is quick and easy for the patient. No special trip to a lab or venous blood draw is required



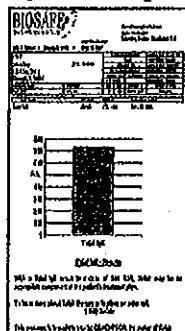
Genentech has adopted this kit as the standard for use by physicians in diagnosing IgE-Mediated Allergic Asthma and provides the kit to physicians free of charge to aid in both the diagnosing of IgE-Mediated Allergic Asthma and in dosing Xolair®.

Packaging, Reporting and Proprietary Technology

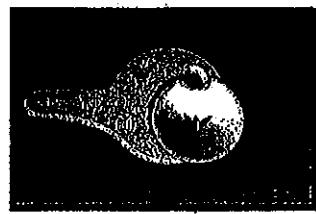
Physician Kit
(as used by Genentech)



Physician Report



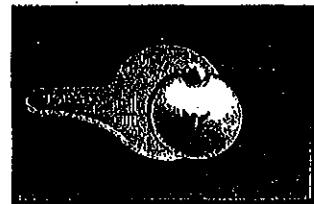
BIOSAFE Blood Transport System (BTS)



* Williams PB, et al. Analytic precision and accuracy of commercial immunoassays for specific IgE: Establishing a standard J Allergy Clin Immunol June 2000; 105:1221-30.

BIOSAFE LIVER PANEL (GGT, AST & ALT)

Disease Category: Liver Dysfunction
Disease State: Liver Disease, Liver Disease resulting from HIV, Oncology, Diabetes, Coronary Heart Disease, Drug side effects on the Liver.
Product: BIOSAFE Liver Panel
 a.k.a. BIOSAFE GGT, AST & ALT



Product Description:

The micro sample blood test is a self-contained collection kit approved for patient self-collection or professional use. The consumer or physician collects 3 drops of blood from the patient and mails the blood sample to BIOSAFE's laboratory for analysis. BIOSAFE Laboratories produces a consumer friendly report. The user receives quantitative results from the test. No longer will it be necessary to go to a doctor's office or a laboratory to draw blood and then wait a period of time for the results. From a few drops of blood obtained from a finger nick, a quantitative liver panel determination, with clinical accuracy, is obtained. The BIOSAFE Liver Panel is appropriate for consumers and patients who are taking statins to lower cholesterol values and who have a history of liver disease. The test instructions direct the user to take the results from the test to his physician for consultation.

So many drugs have the potential for causing liver damage including the widely prescribed cholesterol reducing drugs from the class called "statins". These drugs include but are not limited to Lipitor®, Mevacor®, Zocor®, Pavacol®, and Crestor®. Approximately 13 million people take statins and should have their liver checked regularly.

Is my Liver Healthy? – How do I know?

The BIOSAFE Liver Panel provides a comprehensive screening for liver dysfunction. A physician or consumer will use this product to monitor liver health. This is a low cost tool which will help the physician remain informed as to the patient's liver health.

Markets:

- Large Pharma – in support of marketing and drug persistency programs
- Retail Drug – Retail Product; Customer screening programs
- Web-based Retail – on-line retail drug stores
- Foreign Market – as an instant test, no local lab is required
- Clinical Trial & Research

Selected Potential Customers:

- Retail Drug: CVS, Walgreens, Albertsons, Safeway
- Web-based Retail: Amazon, Drugstore.com
- Medical Supply & Wholesale Distributors: McKesson, Cardinal
- Foreign Markets: Greece (VI Pharma); Italy

EXHIBIT J

Catherine Rivera

From: Robert Trumpy [rtrumpy@ebiosafe.com]
Sent: Tuesday, June 20, 2006 11:51 AM
To: mcs@barronpartners.com
Cc: Henry Warner
Subject: Biosafe Due Diligence

Attachments: Retail rev thru 6-07-06 barron.xls; Certification.doc; Form MDR - Part I (2).doc; Form MDR - Part II (2).doc; Form MDR (2).xls; HANK WARNER.doc; mARY rEDjNO.doc

Matt, here is our cut at the responses. Obviously, 95% of this is NA. The first file is probably the most relevant. It's the ytd review by customer that would meet the definition in the license agreement as belonging to Newco. Call me with any questions.

Rob Trumpy, CPA
SVP and CFO
BioSafe Medical Technologies, Inc.
100 Field Drive, Suite 240
Lake Forest, IL 60045
Work:847-234-8111
Fax:847-234-8222
rtrumpy@ebiosafe.com

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Biosafe Medical Technologies
Sales by Customer Summary
January 1 through June 7, 2006

Biosafe/Newco Sales

| Company | Terms | Jan 1 - Jun 7, 06 | Retail | Distributors | Internet | Retail | Internet | Screener | Disease | Mangt | Total |
|-----------------------------------|------------|-------------------|--------|--------------|----------|--------|----------|----------|---------|-------|------------|
| AbDiagnostics | net30 | 1,002.73 | | | | | | | | | 1,002.73 |
| AbDiagnostics, Inc. | net30 | 4,909.24 | | | | | | | | | 4,909.24 |
| Activator Methods | net30 | 122.80 | | | | | | | | | 122.80 |
| Advocate LifeCare | net30 | 1,788.96 | | | | | | | | | 1,788.96 |
| Albertson's | net45 | 66,107.22 | | | | | | | | | 66,107.22 |
| Amazon.com | net60 | 1,906.43 | | | | | | | | | 1,906.43 |
| Amazon.Com.kyds, Inc. | net50 | 6,134.46 | | | | | | | | | 6,134.46 |
| American Express | creditcard | 297.40 | | | | | | | | | 297.40 |
| Appomattox Drug Store | creditcard | 494.38 | | | | | | | | | 494.38 |
| BackupMD aka Women's Diagnostic | creditcard | 254.77 | | | | | | | | | 254.77 |
| B-Scientific | creditcard | 182.83 | | | | | | | | | 182.83 |
| B-Scientific /HFT | creditcard | 1,458.29 | | | | | | | | | 1,458.29 |
| Cardio Quick Health Resources | net30 | 2,789.64 | | | | | | | | | 2,789.64 |
| Charge-It-System | creditcard | 4,586.50 | | | | | | | | | 4,586.50 |
| CLIA Waived, Inc. | creditcard | 1,109.11 | | | | | | | | | 1,109.11 |
| CliaWaived.Com | creditcard | 371.55 | | | | | | | | | 371.55 |
| Comprehensive Life Coaching | net30 | 1,359.53 | | | | | | | | | 1,359.53 |
| Craig Medical | net30 | 3,146.61 | | | | | | | | | 3,146.61 |
| CVS/pharmacy (1) | net30 | 311,333.70 | | | | | | | | | 311,333.70 |
| Dale Gorell | net30 | 273,072.00 | | | | | | | | | 273,072.00 |
| Discover | creditcard | 69.19 | | | | | | | | | 69.19 |
| drugstore.com | net30 | 7,812.91 | | | | | | | | | 7,812.91 |
| Drugstore.com | net30 | 2,927.61 | | | | | | | | | 2,927.61 |
| Edwards Medical Supply, Inc. | net30 | 394.68 | | | | | | | | | 394.68 |
| eGeneral Medical, Inc | net30 | 804.87 | | | | | | | | | 804.87 |
| eStore Enterprises | net30 | 1,503.90 | | | | | | | | | 1,503.90 |
| eStore Enterprises, Inc. | net30 | 5,172.90 | | | | | | | | | 5,172.90 |
| Focus | net30 | 15,345.26 | | | | | | | | | 15,345.26 |
| Full of Health, Inc. | net30 | 1,186.26 | | | | | | | | | 1,186.26 |
| Gorstead Seminar, Inc. | net30 | 344.21 | | | | | | | | | 344.21 |
| Harris Health Trends | net30 | 9,967.03 | | | | | | | | | 9,967.03 |
| Health and Wellness Professionals | creditcard | 9,184.98 | | | | | | | | | 9,184.98 |
| HMSC | net30 | 38,954.26 | | | | | | | | | 38,954.26 |
| Hock's Pharmacy | net30 | 1,126.36 | | | | | | | | | 1,126.36 |
| Home Wellness Tests | creditcard | 1,120.00 | | | | | | | | | 1,120.00 |
| Hurley Drug | net30 | 131.27 | | | | | | | | | 131.27 |
| Hy-Vee Pharmacy | creditcard | 190.19 | | | | | | | | | 190.19 |

Biosafe Medical Technologies
Sales by Customer Summary

January 1 through June 7, 2006

| Company | Terms | Jan 1 - Jun 7, 06 | Retail | Distributors | Internet | Internet | Screener | Mangt | Total |
|------------------------------------|-------------|---------------------|--------|---------------------|-------------------|------------------|-------------------|-------------------|-------------------|
| Interim Healthcare, Inc. | net30 | 7,083.82 | | | 209.66 | | 7,083.82 | | 7,083.82 |
| Internet Sales | net30 | 208.66 | | | | | | 209.66 | 209.66 |
| Kinray, Inc. | net30 | 1,641.23 | | | | | | 1,641.23 | 1,641.23 |
| E & T Health and Fitness | net30 | 1,914.79 | | | 1,914.79 | | | 1,914.79 | 1,914.79 |
| Landacorp | net30 | 26,931.20 | | | | | | 26,931.20 | 26,931.20 |
| Maxim Healthcare | net30 | 6,040.38 | | | | | | 6,040.38 | 6,040.38 |
| McKesson Drug | net60 | 2,401.82 | | | 2,401.82 | | | 2,401.82 | 2,401.82 |
| Morton Pharmacy | net30 | 545.97 | | | 545.97 | | | | 545.97 |
| New Line Medical | net30 | 25,358.18 | | | | | 25,358.18 | | 25,358.18 |
| Northwest Wellness | creditcard | 5,114.78 | | | | | 5,114.78 | | 5,114.78 |
| Nutro-Nano Tech | creditcard | 1,894.34 | | | | | 1,894.34 | | 1,894.34 |
| Physician Sales & Service | net30 | 3,045.45 | | | 3,045.45 | | | | 3,045.45 |
| Prana Pharmacy | creditcard | 509.55 | | | 509.55 | | | | 509.55 |
| Pro Active Health Resources | net30 | 491.92 | | | | | 491.92 | | 491.92 |
| Quality Assured Services, Inc. | net30 | 1,814.20 | | | | | 1,814.20 | | 1,814.20 |
| Retail Sales | net30 | 502.19 | | | 502.19 | | | | 502.19 |
| Safe Home Products | net30 | 1,769.52 | | | | | | 1,769.52 | 1,769.52 |
| Safeway Pharmacy | net60 | 77,824.15 | | | 77,824.15 | | | | 77,824.15 |
| Scientific Healthcare | net30 | 277.04 | | | | | 277.04 | | 277.04 |
| Stat Technologies | net30 | 7,670.24 | | | 326.84 | | 7,570.24 | | 7,670.24 |
| Starling Distributors | net30 | 326.84 | | | | | | | 326.84 |
| Test County, Con | net30 | 625.58 | | | | | 625.58 | | 625.58 |
| Test Medical Symptoms @ Home | net30 | 3,298.80 | | | | | 3,298.80 | | 3,298.80 |
| Test Medical Symptoms @ Home, Inc. | net30 | 3,877.25 | | | | | 3,877.25 | | 3,877.25 |
| TestCounty | net30 | 224.96 | | | | | 224.96 | | 224.96 |
| TRK Health Food Store | net30 | 489.14 | | | 489.14 | | | | 489.14 |
| Walgreens | pay-on-scan | 79,939.80 | | | 79,939.80 | | | | 79,939.80 |
| Wellness by Choice | creditcard | 2,002.20 | | | | | 2,002.20 | | 2,002.20 |
| Wilburn Medical USA | net30 | 211.77 | | | | | 211.77 | | 211.77 |
| Young Again Nutrients | net30 | 578.92 | | | | | 578.92 | | 578.92 |
| Actual Revenue thru 6/7/06 | | 1,044,848.57 | | 815,821.94 | 48,266.66 | 5,144.01 | 50,939.57 | 31,656.74 | 42,966.65 |
| Annualized Retail Sales | | | | 1,957,972.65 | 115,847.18 | 12,345.62 | 122,374.97 | 195,976.18 | 103,119.96 |

CERTIFICATION, APPROVALS, PATENTS, PUBLICATIONS

BioSafe's marketplace is highly regulated and complex. Substantial in house expertise in a number of areas is critical to ensure that all processes and products, from R&D to product development to laboratory analysis to reporting of test results, meet all necessary industry requirements. The key area of focus is the laboratory, where R&D, some product assembly, and sample processing and analysis take place. Jack Magglore, PhD, MT (ASCP) is BioSafe's Chief Scientific Officer and in charge of the laboratory and its activities (see Section 11 for his biography).

BioSafe Laboratory

The BioSafe laboratory facility is located in 14,600 square feet of leased top-of the line lab space in Chicago IL, minutes from O'Hare Airport. It is CLIA (Clinical Laboratory Improvement Amendment) certified as a High Complexity Clinical Laboratory and has the highest level of accreditation from the College of American Pathologists (CAP) – Accreditation with Distinction. A listing of the Laboratories certifications follows:

- CLIA Accreditation – High Complexity Clinical Laboratory
- CAP Accreditation with Distinction
- State of New York Clinical Laboratory Permit
- State of Florida Clinical Laboratory License
- State of California Clinical Laboratory License
- Cholesterol Reference Method Laboratory Network Certificate of Traceability
- National Glycohemoglobin Standardization Program Certificate of Traceability

This combination places BioSafe in a select group of about 1500 labs nationwide out of a total of 30,000 CLIA certified facilities. In addition, BioSafe holds a number of state certifications other than Illinois – a requirement since patients from all over the country (as well as from overseas) mail in samples for processing. States that require their own certifications include New York, Florida, and California; New York State sends its own lab inspectors on site to do its inspections and proficiency testing.

The certifications held by BioSafe offer a significant competitive advantage in the product development arena. As a CLIA certified lab BioSafe can run pretrial double blind studies using paired collections from blood donor centers to verify the accuracy and parity of its collection and analysis technologies against the gold standard of traditional lab tests using venous blood draws. The advantage here is that by the time the product goes to actual clinical trials any issues have been identified and resolved, virtually assuring a shorter and smoother path through the trial process.

To get a test to market the technologies need to be proven to match the accepted standard provided in the traditional lab environment. Approval for at-home use or OTC distribution is more complicated in that BioSafe must show that the collection process, performed by a nonprofessional, is simple enough that mistakes are very rare. In addition, the Company needs to show that there is a very low possibility of an adverse result or action taken by a patient based on the result.

Research and Development Relationships

BioSafe's strong scientific reputation and demonstrated success in developing unique solutions has been aided by, and led to, relationships with several prestigious R&D organizations. These include:

- Stanford University: coordinated study involving HbA1c testing and cholesterol screening for hard to reach populations, currently applying for NIH level funding for wider rollout.
- Collaboration with the Nichols Institute, developer of the standard TSH assay (NID Third Generation Chemiluminescence Assay) to develop a modification for use with smaller whole blood samples instead of serum samples. BioSafe has the only whole blood sample process for TSH assay.
- The Centers for Disease Control (CDC) and World Health Organization (WHO) are interested in using BioSafe's collection and transport systems (BTS) for work in third world countries, where sample instability and consistent results across a wide variety of labs can be very problematic.

Equipment and Processes at the Lab

The BioSafe laboratory has variety of equipment used for analyzing samples and for research and development purposes. Key pieces of equipment include:

- Roche Modular Analyzer, with a capacity of 1800 tests per hour. Uses an open platform, so that reagents from multiple manufacturers will work. Used for Cholesterol Panels and A1c tests
- Nichols Institute Diagnostics Chemiluminescence System. Used for thyroid tests
- Beckman Coulter Access Immunoassay Analyzer. Employs Hybritech method for PSA tests.

The lab has the capacity to process about 1.8 million tests a year. Licensing agreements (see Section 7) are in place to handle overflow as needed. The lab is currently staffed by 5-6 technologists, a team of three R&D scientists, and a fluctuating group of kit assembly and warehousing staff (5 – 15, depending on work flow).

Patents, FDA Clearances and Scientific Publications

As was mentioned earlier, BioSafe has maintained ALL ownership of all intellectual property associated with its products and services. The Company is therefore positioned today to capitalize on the technology platforms described in Section 4, marketing the products that are ready for distribution and continuing to develop new products leveraging the existing platforms and the Company's in-house expertise.

Patents Issued:

- **Method for Correcting for Blood Volume in a Serum Analyte Determination (#6,040,135; 6,187,531)**
This patented process is the mathematical conversion from blood to serum based upon the red cell mass. It is the means by which the results of the test can be interpreted.
- **Biological Sample Storage Package and Method for Making Same (#6,176,371)**
This is a desiccated foil bag that maintains the quality and stability of the blood sample during delivery to the laboratory and also extends the shelf life of the product when it is maintained in inventory.
- **Whole Blood Collection Device and Method (#6,406,919; 6,673,627)**
A blood transport system and coating solution which keeps blood from clotting during the collection and delivery processes.
- **A Method for Stabilizing Amino Transferase Activity in a Biological Fluid (#6,465,202)**
This is a test that measures liver enzymes to test liver function and detect early complications of liver damage due to adverse effects of therapeutic drugs.

- **Device for Collecting and Drying a Body Fluid (#6,524,533)**

This device, which is used in conjunction with the liver enzyme test, collects and separates whole blood and dries the serum.

Patents Pending:

- **Body Fluid Collection Device (10/135,654, filed 4-30-02)**

This is a method to enhance the filter paper onto which the blood sample is deposited. A spreading layer is placed on the filter paper which helps maintain a consistent flow of blood across surface of the filter paper. The even distribution of the blood improves the precision and accuracy of the test results and prevents rejection of the test due to poor sample quality.

- **Biological Fluid Stabilizing Composition and Method of Use Thereof (10/074,716, filed 2-13-02)**

This is the solution contained inside the patent issued Whole Blood Collection Device cited above. It is the stabilizing solution for testing hormones, metabolites, and other trace compounds in the blood.

- **Anemia Meter (10/417,697, filed 4-17-03)**

An immediate response device for qualitative and quantitative anemia testing.

FDA Clearances

The following are all the BioSafe FDA 510(k) clearance applications ever filed. As noted below, BioSafe has received FDA clearance (approval) for every filing ever submitted (www.accessdata.fda.gov):

- ANEMIAPRO SELF-SCREENER, Approved 12/15/04
- SAFE AT HOME CHOLESTEROL PROFILE BLOOD COLLECTION, Approved 4/03/02
- BIOSAFE CHOLESTEROL PROFILE BLOOD COLLECTION DEVICE, Approved 9/26/01
- SAFE AT HOME TSH (THYROID STIMULATING HORMONE), Approved 7/16/01
- BIOSAFE CAPILLARY BLOOD TRANSPORT SYSTEM FOR TEST, Approved 3/23/01
- SAFE AT-HOME TEST KIT FOR MONITORING HEMOGLOBIN A1c, Approved 11/26/99

Scientific Publication List

BioSafe scientists have been widely published and have presented at many international scientific meetings. Presented below is a list of the more relevant articles written by BioSafe scientists and published in major clinical and chemistry publications.

Scientific Publications

- Maggiore JA. Recognizing the preanalytical sources of hyperhomocysteinemia. Tech Sample, ASCP Press, January 2001.
- Williams RH, Maggiore JA, Reynolds RD, Helgason CM. Novel approach for the assessment of the redox status of plasma homocysteine and related thiols in patients with ischemic stroke. *Clin. Chem.*, 2001 Jun;47(6):1031-9.
- Maggiore JA, Bui TL, Grzeda BR, Pirucki TL, Batzel DA, Tyrrell SP. Development of a whole blood collection, transport and test system for thyroid stimulating hormone. *Clin. Chem.* 2001;47(S):A10.
- Grzeda BR, Bui TL, Tyrrell SP, Maggiore JA. Comparison of capillary whole blood with serum results in the Hybritech Tandem-MP PSA assay. *Clin. Chem.* 2001;47(S):A135.
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- Grzeda BR, Bui TL, Warner CN, Pirucki TL, Dewey LM, Maggiore JA. Development of a dried blood collection, transport and testing system for triglycerides. *Clin. Chem.* 2002; 48(S): A106.
- Grzeda BR, Bui TL, Warner CN, Pirucki TL, Dewey LM, Babich M, Maggiore JA. Detecting and monitoring prostate cancer using a novel collection and analytical system. *Clin. Chem.* 2002; Aug; 48(8); 1272-8
- Maggiore JA. Unsuspected hyperthyroidism. Tech Sample, ASCP Press. March 2003.
- Dewey LM, Maggiore JA, Warner CN, Babich M. Assessment of the reference interval for thyroid stimulating hormone using the BIOSAFE TSH System. *Clin. Chem.* 2003; 49(S); A43.
- Maggiore JA. Discordant hemoglobin A_{1c} in a recent onset juvenile diabetic. Tech Sample, ASCP Press. January 2004.
- Catalona WJ, Maggiore JA. PSA, free-PSA testing is still a lifesaver. *Clinical Laboratory Products.* 34 (2) 2005.
- Maggiore JA. The clinical utility of total, free and complexed prostate-specific antigen in advanced metastatic prostate cancer. Tech Sample, ASCP Press. March 2005.

Form MDR – Part I

Instructions: For both the Company and each Acquisition target, please provide the following materials in electronic format. Please provide all worksheets and financials in Excel format. Items should be submitted by email to MDR@BARRONPARTNERS.COM. To accelerate the process, we strongly recommended you send items immediately as they become available.

| Section A – Description of Offering and Use of Proceeds. SEE LOI

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1. Briefly describe your Company, its management and business plan.
2. Explain the attractiveness of your company to investors.
3. How have your historical results compared to expectations and past guidance?
4. Describe your company's current and future capital requirements including anticipated amounts and funding timeline covering the next 24 months.
5. How long has your company been seeking the current round of financing?
6. For the current round, provide a schedule detailing the use of proceeds of this financing, being certain to include commission payable to brokers, finders fees, and legal expenses.

| Section B – Financials. SEE FINANCIAL PROJECTIONS

1. Monthly GAAP income statements for the Company and Acquisition Target(s) for the past six months. The format should give the greatest detail possible, but at a minimum must break out revenue and cost of sales by major products/divisions, SG&A, depreciation and amortization, interest expense and taxes accrued.
2. Quarterly and Annual GAAP financial statements for the Company and Acquisition Target(s) for the past two years in the same format as above. Audited financial statements (when available) must also be submitted but are not a substitute for the detailed statements.
3. The most recent GAAP balance sheet available.
4. Detailed Schedule of Current Assets with Aged Accounts Receivable summary.
5. Detailed Schedule of Current Liabilities with Aged Accounts Payable summary and summaries of accrued expenses and accrued compensation.
6. Detailed Schedule of Long Term Liabilities outlining basic terms of each outstanding debt or preferred stock series.
7. Pro Forma historical and projected financials for the Company and each Acquisition Target (breaking each division out separately).
8. Pro Forma projected working capital and monthly cash flow projections for six months.
9. Pro Forma projected capital expenditures for 12 months.
10. Pro Forma schedule of largest customers as a percentage of total revenue.

| Section C – Past Financings and Legal. NA

1. Detail all past financings being careful to disclose the split-adjusted price and quantity of shares/securities issued and any special rights: piggyback, ratchet/reset/toxic, conversion, warrant shares, options, MFN, first refusal, etc.
2. Detail all past, present, pending or threatened litigation or investigations at all levels, related to or involving the company, its officers or directors.
3. Provide copies of all business broker or finder's agreements executed within the past three years. Where only verbal agreements exist please provide a summary of the basic terms.
4. Provide a list of the company and acquisition target(s) officers and directors (full names) including addresses and contact info.
5. Provide a list of the company and acquisition target(s) legal business names, state of incorporation, DBAs, and physical and legal addresses of the various offices or states in which the companies do business.
6. Provide details of ownership structure, capital structure, including major shareholders, debtholders, and each class of stock outstanding.

Form MDR – Part II

Instructions: For both the Company and each Acquisition target, please provide the following materials in electronic format. Please provide all worksheets and financials in Excel format. Items should be submitted by email to MDR@BARRONPARTNERS.COM. To accelerate the process, we strongly recommended you send items immediately as they become available.

Section D – Contact Info.

1. Please provide complete contact info for all key executives, officers and directors, auditors and accountants, bankers (all areas), and lawyers. See other employee info. Outside services are via Barron relationships.

Section E – Business Opportunity see LOI and financial projections

1. Provide copies of any business plans, strategic plans, business valuations, investor presentations and one page summaries made within the past two years.
2. Provide copies of press clippings, articles (including 3rd party articles), and conference call transcripts originating within the past 3 years.

Section F – Backlog and Pipeline none

1. Provide a summary and breakdown of the current backlog by product or service line of unfilled orders.
2. Is this backlog normal, high, low, increasing or declining?
3. What was the backlog one year ago?
4. Over what period of time will the backlog be fulfilled?
5. What are the policies governing when an order is considered firm and can be recorded into the backlog?
6. Provide evidence (contracts or PO's) supporting the backlog.
7. Provide a summary of potential pipeline sales that in addition to those provided in the backlog.

Section G – Customer Concentration, Risk and Sales Outlook see projections

1. Provide a worksheet showing sales by customer for the last twelve months covering at least 80% of total revenues.
2. Projected sales by customer (including new customers) for the next 12 months covering at least 80% of total projected revenues. Indicate the percentage likelihood of achieving the projected sales level for each customer.
3. For both worksheets, please indicate for each customer the percentage of total revenues.
4. For each customer, indicate whether it is dependent on maintaining the relationship with any other customer.
5. For each customer, indicate whether there is or has been any real or perceived conflicts of interest or related party transactions.
6. Provide explanation of any significantly increased sales projection.
7. Provide copies of any significant agreements, e.g. royalty or license agreements, long term sales contracts or distribution agreements.

Section H – Customer References nn

Instructions: In order for us to verify current and projected sales volumes and to gauge customer satisfaction, we need to conduct a brief customer survey. Our questions will be provided for your review and approval prior to conducting the survey. In the meantime, please prepare and submit a schedule of contacts for all customers provided in Section G above. Just prior to our survey, please notify the contacts that a representative of our firm will be calling and inform the contact of the nature of our call.

Section I – Customer Support most customer support provided by Biosafe. Nominal costs.

1. Detail and provide representative copies of all agreements with customers to provide any service, support, warranty or maintenance.

2. Estimate the cost to the Company of providing such services.
3. When are these costs collected from the customers?

| **Section J - Collections na** [Deleted]

1. Provide quarterly DSO figures for the past two years.
2. What is the company's charge-off policy?
3. How are collections handled?
4. Explain any negative trends.

| **Section K - Suppliers and Outsourcing Agreements see license agreement**

1. List and provide copies of all significant agreements with vendors, manufacturers, retailers, brokers and suppliers.
2. Provide contact information for the five largest suppliers as well as any key component or service suppliers.
3. Indicate whether or not there are plans for back-up suppliers and identify the critical supply risks the company faces.
4. What is the timing and cost of replacing critical suppliers?
5. List and provide copies of all agreements pursuant to which products or services are or will be manufactured or provided by third parties.

| **Section L - Past Financings and Appraisals na**

1. Provide copies of all term sheets, PPM's and closing documents for all previous financings.
2. Provide copies of all agreements to pay finders fees or brokers fees for all previous financings as well as the proposed financing(s).
3. Break down the use of proceeds from any previous rounds of financing within the past two years.
4. Provide copies of any appraisals within the last 5 years as to the value of the Company.

| **Section M - Partnerships and Earn-outs na**

1. Explain and provide copies of any partnership agreements, joint ventures, or co-marketing agreements currently being contemplated or in effect at any point during the past five years.
2. Explain and provide copies of any revenue sharing, earnings sharing or earn-out agreements currently being contemplated or in effect at any point during the past five years.

| **Section N - Properties na** [Deleted]

1. List and describe any real estate presently or formerly owned, leased, subleased or used, detailing size, use, cost basis, market value, lease payments and lessor's contact information.
2. Provide copies of all lease agreements, loans and subleases related to all properties.
3. Describe significant equipment, machinery, or computers including a schedule of acquisition dates, costs, useful life, depreciation and present book value.
4. Provide copies of any audits conducted on or relating to equipment or systems material to the business.

| **Section O - Capital Expenditures and R&D see projections**

1. Provide a breakdown of all capital equipment purchases in the past five years and as projected for the next five years including price paid, current market value, replacement cost, useful life, disposition plans, and ongoing service and maintenance costs.
2. Please provide a list of Research and Development costs for the past five years and as projected for the next five years.
3. Please provide copies of any contracts or commitments relating to Capital Equipment Lease or Purchase or R&D expense contracts.

| **Section P - Legal and Accounting NA**

1. Provide copies of all legal action, administrative proceedings, or investigations involving the Company, its acquisition targets, divisions, property, assets, directors, officers, employees or agents.
2. Provide a listing and copies of all liens and collateral agreements against equipment, inventories or other property.
3. Provide copies of all management letters from the Company's accountants for each of the last three fiscal years.

| **Section Q – Regulatory NA**

1. Explain the applicable regulatory requirements for the industry including, where applicable, compliance with environmental laws.
2. List and provide copies of all franchises, permits, governmental certifications, concessions or similar authorizations necessary to the conduct of business.
3. Provide copies of all material regulatory filings with federal, state and local agencies.

| **Section R – Risk and Insurance NA**

1. Provide a list of all current insurance coverage including risk covered, aggregate and per event limits, annual premium, carrier and expiration date.
2. List any termination by an insurance carrier in the last 2 years.
3. List any significant claims in the past 5 years.
4. Provide a list of former divisions that were sold, abandoned or otherwise disposed of since the formation of the company.

| **Section S – Other Liabilities NA**

1. Provide copies and descriptions of all guarantees of obligations of third parties and any similar agreements.
2. Provide a description of any contingent liabilities.

| **Section T – Personnel and Management NA**

1. Provide an organizational chart detailing structure, positions, titles and names.
2. Provide CV's for all senior management.
3. Detail the number of employees, PT vs. PT, and employees to manager ratio.
4. Are any of the operations subject to unions/unionization?
5. Provide employment agreements for all key executives and any and all compensation of any kind to management.
6. List non-cash compensation and perks of management (automobile expenses, etc.)
7. Describe the bonus/incentive plans for management and all employees. Are they tied to performance or are they subjective? How are amounts determined? Are there written policies covering the process? If so, please furnish copies.
8. Provide copies of senior management performance reviews (most recent years).
9. Provide complete documentation relating to the employment of foreign nationals by the Company.

| **Section U – Conflicts of Interest NA**

1. Describe any and all real or potential conflicts of interest between key executives, management and directors.
2. Describe any and all real or potential conflicts of interest between the Company and its acquisition targets.
3. Provide copies of any inter-related party leaseholds, transactions, loans or arrangements.
4. Provide a summary of business and personal relationships and affiliations among directors, officers, shareholders, creditors, customers, suppliers and other business affiliates.
5. How are Directors nominated? How are Directors compensated?
6. Explain the company's plans to achieve an independent Board of Directors.

| **Section V - Sales and Marketing SEE OTHER INFO PROVIDED**

1. How is the sales force compensated (both the in-house sales force or reps and distributors)?
2. How much can a sales person earn?
3. What are average earnings, and how does that compare to the industry norms?
4. What has been the turnover rate in sales personnel for the last two years?
5. How are sales personnel evaluated?
6. Provide copies of all sales and marketing materials and a short description of each product or service offered.
7. Provide copies of all marketing studies and customer surveys conducted.
8. Provide copies of all competitive analyses conducted.

| **Section W - Technology, Intellectual and Intangible Property SEE COPIES PROVIDED**

1. Provide copies of all agreements relating to technology or intellectual property that are material to the business, including agreements, understandings and proposed transactions with employees (past and present), consultants, stockholders and other third parties regarding ownership and/or use of intellectual property, and confidentiality, nondisclosure or assignment of inventions or intellectual property rights.
2. Provide a list of all patents owned or applied for, with descriptive titles, numbers, jurisdiction and copies of all correspondence to or from examining authorities or other parties regarding such patents and patent applications.
3. Provide a list of copyrights claimed and copies of filings and documentation with descriptive titles, numbers and jurisdiction.
4. Provide a list of all trademarks owned or used in the business, whether registered or unregistered, and copies of federal or state registrations.
5. Provide a list of all trademarks, trade names, patents, copyrights, trade secrets and other proprietary rights licensed to or from third parties.
6. Provide copies of license and sublicense agreements and any other agreements pursuant to which any technology or intellectual property rights have been assigned to or from third parties.
7. Provide a list of any other intangible holdings, including but not limited to, trade secrets, inventions and technical information.



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Form DOB: Director/Officer Background

INTRODUCTION: Barron Partners conducts background and reference checks on all key officers and directors of its investment candidates. All information you submit is contained behind secured networks and is only accessible by a limited number of employees who have specific access rights to such systems. The computer that stores these records is kept on site in a secure environment, behind locked doors. In the event that Barron terminates the transaction being contemplated, your file is destroyed. None of your personal information is shared with any third parties.

INSTRUCTIONS: This form should be opened and completed in MS-Word. Upon completion please email the file to SECURE@BARRONPARTNERS.COM. If you choose to password protect the file please fax the password to (917) 591-7787. You must fax the signature page to (917) 591-7787. We can not conduct the background or reference checks until we receive the signature page.

HANDWRITTEN, FAXED OR SCANNED COPIES WILL NOT BE ACCEPTED.

LEAVE NO ITEMS BLANK. ALL INFORMATION IS REQUIRED. YOU MUST ANSWER "YES" OR "NO" OR INDICATE "NONE" WHEREVER REQUIRED.

NOTICE: FAILURE TO PROVIDE MATERIAL BACKGROUND INFORMATION AS REQUIRED BY THIS FORM OR THE WILLFUL OR FRAUDULENT SUBMITTAL OF A FALSE STATEMENT IN RESPONSE TO ANY SECTION MAY RESULT IN THE TERMINATION OF ANY TRANSACTIONS BEING CONTEMPLATED IN ASSOCIATION WITH THE DUE DILIGENCE EFFORTS BEING CONDUCTED HEREIN.

SECTION 1 - Identification Information

First Name: HENRY

Middle Name (s):

Last Name: WARNER

Previous Name (Complete Name):

Primary Telephone #: 847-2348111

Alternate Telephone #:

Email Address: hwarner@ebiosafe.com

Social Security Number: 359-40-7353

Are you a U.S. citizen? YES

Visa or Work Permit Status: (Fax copy to (917) 591-7787 or scan and email to SECURE@BARRONPARTNERS.COM)

Driver's License (State Issued and Number): IL W65638150158

Previous Driver's License (if held current license less than five years):

Date of Birth: 6/3/1950

Place of Birth (City and State, or City and Country): DAVENPORT , IA

Marital Status: Single, Married, or Divorced? MARRIED

Spouse's Complete Name:

Spouse's Date of Birth:

How long married?

If divorced, when?

How many children?

SECTION 2 - Residential Addresses and Other Addresses

Beginning with your current residential address, list in reverse chronological order each residential address (U.S. and International), showing the name to who the property is title and indicating the dates you resided at each address. Leave no cells blank. If you do not remember, write "DNR". Provide as much information as possible.

| | Address (#, street, city, state, zip code): | Titled to (full name): | Fr. (MM/YY): | To (MM/YY): |
|----|---|------------------------|--------------|-------------|
| 1 | 323 WARWICK ROAD LAKE FOREST, IL 60045 | HENRY WARNER | 1982 | PRESENT |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |

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In a separate list, show in reverse chronological order any other addresses (vacation homes, investment properties, or second or shared homes) indicating the dates you owned or had an interest in these properties. Leave no cells blank, if you do not remember, write "DNR".

| | Address (#, street, city, state, zip code): | Titled to (full name): | Fr. (MM/YY): | To (MM/YY): |
|---|---|------------------------|--------------|-------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

List any other states or countries where you have resided or worked on a full-time basis for over six weeks:

| | Additional States and Countries | Duration of Stay |
|---|---------------------------------|------------------|
| 1 | | |
| 2 | | |
| 3 | | |

SECTION 3 - Mailing Addresses

Beginning with your current mailing address, list in reverse chronological order each mailing address that differs from your residential address history provided in Section 2. Indicate the dates you received mail at each address. Leave no cells blank, if you do not remember, write "DNR".

| | Mailing Address (#, street (or box #), city, state, zip code): | Fr. (MM/YY): | To (MM/YY): |
|---|--|--------------|-------------|
| 1 | SAME | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

SECTION 4 - Employment, Business and Investment History with References

Beginning with your current employer, business, or investment entity, show in reverse chronological order all your past employer/entities, including all entities which you are/were a director, a primary or majority shareholder or founder of, ventures or projects which you advised, directed, or had any other non-employee relationship. Leave no items blank.

1. from 1996 (MM/YY) to PRESENT (MM/YY)
2. Business Name: BIOSAFE MEDICAL TECHNOLOGY
3. Corporate Name (if different):
4. Other names under which does business:
5. State of Incorporation: IL
6. Is the Company still in business? YES If not, please explain.
7. Headquarters Address: 100 FIELD DRIVE LAKE FOREST, IL 60045
8. Website Address: ebiosafe.com
9. Address where you worked: SAME
10. Main Phone: 847-234-8111
11. Other Phone:
12. Your title and all positions held: CEO AND MAJORITY OWNER
13. Your ownership %: 57%
14. Your salary plus bonus: 250000
15. Describe your responsibilities, ownership and the reason you left the firm. NA
16. Provide two references from this employer/entity including name, title, current position and place of employment, phone number and alternate phone number. In what capacity did these people work? What was their relation to you? NA

Continued next page..

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1. from 1982 (MM/YY) to PRESENT (MM/YY)
2. Business Name: BANC STREET ACQUISITIONS
3. Corporate Name (If different):
4. Other names under which does business:
5. State of Incorporation: IL
6. Is the Company still in business? YES If not, please explain.
7. Headquarters Address: 1323 WARWICK ROAD LAKE FOREST, IL 60045
8. Website Address:
9. Address where you worked: SAME
10. Main Phone: 847-234-8111
11. Other Phone:
12. Your title and all positions held: CEO AND OWNER
13. Your ownership %: 100
14. Your salary plus bonus: VARIABLE
15. Describe your responsibilities, ownership and the reason you left the firm. BECAME INVESTOR IN BIOSAFE
16. Provide two references from this employer/entity including name, title, current position and place of employment, phone number and alternate phone number. In what capacity did these people work? What was their relation to you? NA

1. from (MM/YY) to (MM/YY)
2. Business Name:
3. Corporate Name (If different):
4. Other names under which does business:
5. State of Incorporation:
6. Is the Company still in business? If not, please explain.
7. Headquarters Address:
8. Website Address:
9. Address where you worked:
10. Main Phone:
11. Other Phone:
12. Your title and all positions held:
13. Your ownership %:
14. Your salary plus bonus:
15. Describe your responsibilities, ownership and the reason you left the firm.
16. Provide two references from this employer/entity including name, title, current position and place of employment, phone number and alternate phone number. In what capacity did these people work? What was their relation to you?

1. from (MM/YY) to (MM/YY)
2. Business Name:
3. Corporate Name (If different):
4. Other names under which does business:
5. State of Incorporation:
6. Is the Company still in business? If not, please explain.
7. Headquarters Address:
8. Website Address:
9. Address where you worked:
10. Main Phone:
11. Other Phone:
12. Your title and all positions held:
13. Your ownership %:
14. Your salary plus bonus:
15. Describe your responsibilities, ownership and the reason you left the firm.
16. Provide two references from this employer/entity including name, title, current position and place of employment, phone number and alternate phone number. In what capacity did these people work? What was their relation to you?

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| |
|--|
| 1. from ___ (MM/YY) to ___ (MM/YY) |
| 2. Business Name: |
| 3. Corporate Name (If different): |
| 4. Other names under which does business: |
| 5. State of incorporation: |
| 6. Is the Company still in business? If not, please explain. |
| 7. Headquarters Address: |
| 8. Website Address: |
| 9. Address where you worked: |
| 10. Main Phone: |
| 11. Other Phone: |
| 12. Your title and all positions held: |
| 13. Your ownership %: |
| 14. Your salary plus bonus: |
| 15. Describe your responsibilities, ownership and the reason you left the firm. |
| 16. Provide two references from this employer/entity including name, title, current position and place of employment, phone number and alternate phone number. In what capacity did these people work? What was their relation to you? |

| |
|--|
| 1. from ___ (MM/YY) to ___ (MM/YY) |
| 2. Business Name: |
| 3. Corporate Name (If different): |
| 4. Other names under which does business: |
| 5. State of incorporation: |
| 6. Is the Company still in business? If not, please explain. |
| 7. Headquarters Address: |
| 8. Website Address: |
| 9. Address where you worked: |
| 10. Main Phone: |
| 11. Other Phone: |
| 12. Your title and all positions held: |
| 13. Your ownership %: |
| 14. Your salary plus bonus: |
| 15. Describe your responsibilities, ownership and the reason you left the firm. |
| 16. Provide two references from this employer/entity including name, title, current position and place of employment, phone number and alternate phone number. In what capacity did these people work? What was their relation to you? |

| |
|--|
| 1. from ___ (MM/YY) to ___ (MM/YY) |
| 2. Business Name: |
| 3. Corporate Name (If different): |
| 4. Other names under which does business: |
| 5. State of incorporation: |
| 6. Is the Company still in business? If not, please explain. |
| 7. Headquarters Address: |
| 8. Website Address: |
| 9. Address where you worked: |
| 10. Main Phone: |
| 11. Other Phone: |
| 12. Your title and all positions held: |
| 13. Your ownership %: |
| 14. Your salary plus bonus: |
| 15. Describe your responsibilities, ownership and the reason you left the firm. |
| 16. Provide two references from this employer/entity including name, title, current position and place of employment, phone number and alternate phone number. In what capacity did these people work? What was their relation to you? |

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Section 5 - Additional Reference History

Please provide additional references so that you have a total of at least ten (10) references including those given in Section 4. Please verify all contact numbers.

| #: | Additional Reference: | Relation/Capacity: | Current Phone: | Other Phone: |
|----|-----------------------|--------------------|----------------|--------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

Section 6 - Licenses, Affiliations and Certifications

In reverse chronological order, list any and all licenses (including securities licenses), affiliations, or professional certifications as well as any trade, civic and nonprofit organizations with which you have had any association, past or present. Indicate the period of your activity and your title, role, or service capacity. Also list any special certifications you have received. Please provide a phone number if at all possible. Also provide a copy of the affiliation or certification if possible by fax to (917) 591-7787.

| License/Cert./Title | Name of Org./Board/Exchange | Complete Address: | Phone: | Dates: |
|---------------------|-----------------------------|-------------------|--------|--------|
| NA | | | | |
| | | | | |
| | | | | |
| | | | | |

Section 7 - Education

List the complete name of each institution and school you attended from doctorate and graduate level, to undergraduate and other college level institutions. Indicate the period you attended and the degree awarded if any. In addition, provide the address of each institution and, if possible, a telephone number. If your degree was earned outside of the U.S. please provide a copy of the diploma or transcript to document your degree by fax to (917) 591-7787. If a degree was not awarded, indicate "Not Awarded".

| Degree Awarded | Name of School | Address: | Phone: | Student ID # | Dates: |
|----------------|----------------|----------|--------|--------------|--------|
| MS | UNIV OF IL | | | | 1974 |
| | | | | | |
| | | | | | |
| | | | | | |

Section 8 - Litigation, Censure, Sanctions

Provide complete detail of any litigation, civil or criminal; past, present, or pending; settled or unsettled; resolved or unresolved in any jurisdiction indicating the status of such cases, any censure or sanctions you have received or license revocation from any professional group or licensing authority. Indicate all relevant details including names of all parties, attorneys for both sides, time of action, court, case number, jurisdiction, and reason for such action. Please make sure to include any personal or business legal proceedings or bankruptcy proceedings in which you have been or may have been named. IF NONE, YOU MUST WRITE "NONE". NO PRESENT LITIGATION

Section 9 - Employment, Business, and Investment Criminal History

To your knowledge has any business organization, its officers, directors or general partners of which you are/were an officer, director or general partner or in which you have or had a controlling interest (for these purposes, defined as owning a larger percentage than any other shareholder) been the subject of a criminal investigation or prosecution in any jurisdiction (whether or not convicted of a crime) during the period of and five years following your employment, investment or affiliation? If so, indicate all relevant details including whether you were personally convicted, names of all legal representatives, time of action, court, case number, jurisdiction, and reason for such action. IF NONE, YOU MUST WRITE "NONE". NONE

Section 10 - Personal Criminal History

Have you ever been charged or convicted of any crime in any jurisdiction other than in response to Section 9? If so, indicate all relevant details including names of all legal representatives, time of action, court, case number, jurisdiction, and reason for such action. IF NONE, YOU MUST WRITE "NONE". NONE

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Section 11 - Indictments and Outstanding Warrants

To your knowledge are you or any other executive, director or general partner of your current employer/entity the subject of any indictment, warrant, arrest, questioning, hearing or judgment including civil arrest warrants in any jurisdiction? If so, indicate all relevant details including court, judge, attorney, agency, offense, jurisdiction, time of action, reason for such action and any other relevant details. IF NONE, YOU MUST WRITE "NONE". NONE

Section 12 - Employment, Business, and Investment Bankruptcy Record

To your knowledge has any business organization of which you are/were an officer, director or general partner or in which you have or had a controlling interest (for these purposes, defined as owning a larger percentage than any other shareholder) filed a petition of bankruptcy or been adjudged a bankrupt or made an assignment for the benefit of creditors in any jurisdiction during the period of and five years following your employment, investment or affiliation? If so, please explain and provide all relevant details including names of all legal representatives, time of action, court, case number, jurisdiction, and reason for such action. IF NONE, YOU MUST WRITE "NONE". NONE

Section 13 - Employment, Business, and Investment Investigation History

Has any business organization of which you are/were an officer, director or general partner or in which you have or had a controlling interest (for these purposes, defined as owning a larger percentage than any other shareholder) been subject to any investigation by, or been a party to any litigation with, any international, federal, state or local agency in any jurisdiction during the period of and five years following your employment, investment or affiliation? If so, indicate all relevant details including names of all legal representatives, time of action, court, case number, jurisdiction, and reason for such action. IF NONE, YOU MUST WRITE "NONE". NONE

Section 14 - Employer and Business Unsatisfied Judgments and Liens Including Tax Liens

Is any business organization of which you are/were an officer, director or general partner or in which you have or had a controlling interest (for these purposes, defined as owning a larger percentage than any other shareholder) now in default on any obligation to, or subject to any unsatisfied judgment or lien obtained by any party, public or private, federal, state or local taxing authority in any jurisdiction during the period of and five years following your employment, investment or affiliation? If so, explain, listing all unsatisfied judgments or liens. IF NONE, YOU MUST WRITE "NONE". NONE

Section 15 - Personal Unsatisfied Judgments and Liens Including Tax Liens

Are you, your personal property, personal corporation, trust or foundation now in default on any obligation to, or subject to any unsatisfied judgment or lien obtained by any party, public or private, federal, state or local taxing authority in any jurisdiction? If so, explain, listing all unsatisfied judgments or liens. IF NONE, YOU MUST WRITE "NONE". NONE

PLEASE TAKE TIME TO REVIEW YOUR ANSWERS MAKING SURE YOU COMPLETED EACH SECTION AND CHECKING TO MAKE SURE YOUR REFERENCE CONTACT INFORMATION IS STILL VALID.

PLEASE EMAIL THIS COMPLETED FORM TO SECURE@BARRONPARTNERS.COM

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Section 16 - Certification and Authorization to Conduct Background Check

I, _____, state that I have read and understand all the items contained in the foregoing pages of this questionnaire; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify Barron Partners LP in writing of any change in circumstances occurring after the submission of this questionnaire and before the execution of any contract with Barron Partners LP; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that Barron Partners LP will rely on the information supplied in this questionnaire as additional inducement when considering entering into a contract with the submitting individual or business entity. Furthermore, I understand and authorize Barron Partners LP and Eos Funds Limited to conduct a background investigation including but not limited to a criminal background check in any jurisdiction, civil case history, residence, employment and degree verification, as well as to seek and contact any references, including but not limited to references provided therein.

Name of submitting business _____

by _____

Print Name, Title _____

Signature _____

Date _____

PLEASE COMPLETE AND FAX A SIGNED COPY OF THIS PAGE TO

(917) 591-7787

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Form DOB: Director/Officer Background

INTRODUCTION: Barron Partners conducts background and reference checks on all key officers and directors of its investment candidates. All information you submit is contained behind secured networks and is only accessible by a limited number of employees who have specific access rights to such systems. The computer that stores these records is kept on site in a secure environment, behind locked doors. In the event that Barron terminates the transaction being contemplated, your file is destroyed. None of your personal information is shared with any third parties.

INSTRUCTIONS: This form should be opened and completed in MS-Word. Upon completion please email the file to SECURE@BARRONPARTNERS.COM. If you choose to password protect the file please fax the password to (917) 591-7787. You must fax the signature page to (917) 591-7787. We can not conduct the background or reference checks until we receive the signature page.

HANDWRITTEN, FAXED OR SCANNED COPIES WILL NOT BE ACCEPTED.

LEAVE NO ITEMS BLANK. ALL INFORMATION IS REQUIRED. YOU MUST ANSWER "YES" OR "NO" OR INDICATE "NONE" WHEREVER REQUIRED.

NOTICE: FAILURE TO PROVIDE MATERIAL BACKGROUND INFORMATION AS REQUIRED BY THIS FORM OR THE WILLFUL OR FRAUDULENT SUBMITTAL OF A FALSE STATEMENT IN RESPONSE TO ANY SECTION MAY RESULT IN THE TERMINATION OF ANY TRANSACTIONS BEING CONTEMPLATED IN ASSOCIATION WITH THE DUE DILIGENCE EFFORTS BEING CONDUCTED HEREIN.

SECTION 1 - Identification Information

First Name: Mary

Middle Name (s): M.

Last Name: Redino

Previous Name (Complete Name):

Primary Telephone #: 847-778-8293

Alternate Telephone #:

Email Address: mredino@sbcglobal.net

Social Security Number: 657-50-2324

Are you a U.S. citizen? Yes

Visa or Work Permit Status: (Fax copy to (917) 591-7787 or scan and email to SECURE@BARRONPARTNERS.COM)

Driver's License (State issued and Number): IL

Previous Driver's License (If held current license less than five years):

Date of Birth: to be supplied

Place of Birth (City and State, or City and Country): to be supplied

Marital Status: Single, Married, or Divorced?

Spouse's Complete Name:

Spouse's Date of Birth: 10/21/1954

How long married?

If divorced, when?

How many children?

SECTION 2 - Residential Addresses and Other Addresses

Beginning with your current residential address, list in reverse chronological order each residential address (U.S. and International), showing the name to who the property is title and indicating the dates you resided at each address. Leave no cells blank, if you do not remember, write "DNR". Provide as much information as possible.

| | Address (#, street, city, state, zip code): | Titled to (full name): | Fr. (MM/YY): | To (MM/YY): |
|----|---|------------------------|--------------|-------------|
| 1 | 321 North Grove Oak Park, IL 60302 | Mary Redino | 1995? | Present |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |

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In a separate list, show in reverse chronological order any other addresses (vacation homes, investment properties, or second or shared homes) indicating the dates you owned or had an interest in these properties. Leave no cells blank, if you do not remember, write "DNR".

| | Address (#, street, city, state, zip code): | Titled to (full name): | Fr. (MM/YY): | To (MM/YY): |
|---|---|------------------------|--------------|-------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

List any other states or countries where you have resided or worked on a full-time basis for over six weeks:

| | Additional States and Countries | Duration of Stay |
|---|---------------------------------|------------------|
| 1 | | |
| 2 | | |
| 3 | | |

SECTION 3 - Mailing Addresses

Beginning with your current mailing address, list in reverse chronological order each mailing address that differs from your residential address history provided in Section 2. Indicate the dates you received mail at each address. Leave no cells blank, if you do not remember, write "DNR".

| | Mailing Address (#, street (or box #), city, state, zip code): | Fr. (MM/YY): | To (MM/YY): |
|---|--|--------------|-------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

SECTION 4 - Employment, Business and Investment History with References

Beginning with your current employer, business, or investment entity, show in reverse chronological order all your past employer/entities, including all entities which you are/were a director, a primary or majority shareholder or founder of, ventures or projects which you advised, directed, or had any other non-employee relationship. Leave no items blank.

| |
|---|
| 1. from 2003__ (MM/YY) to present (MM/YY) |
| 2. Business Name: Cancer Treatment Centers of America |
| 3. Corporate Name (if different): |
| 4. Other names under which does business: |
| 5. State of Incorporation: IL? |
| 6. Is the Company still in business? YES If not, please explain. |
| 7. Headquarters Address: |
| 8. Website Address: |
| 9. Address where you worked: |
| 10. Main Phone: |
| 11. Other Phone: |
| 12. Your title and all positions held: Chief Sales Officer |
| 13. Your ownership %: less than 0.5% |
| 14. Your salary plus bonus: 300000 |
| 15. Describe your responsibilities, ownership and the reason you left the firm. SEE CV |
| 16. Provide two references from this employer/entity including name, title, current position and place of employment, phone number and alternate phone number. In what capacity did these people work? What was their relation to you? UPON FUNDING AND FINAL EMPLOYMENT CONTRACT |

Continued next page...

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1. from ___ (MM/YY) to ___ (MM/YY)
2. Business Name: SEE CV
3. Corporate Name (if different):
4. Other names under which does business:
5. State of Incorporation:
6. Is the Company still in business? If not, please explain.
7. Headquarters Address:
8. Website Address:
9. Address where you worked:
10. Main Phone:
11. Other Phone:
12. Your title and all positions held:
13. Your ownership %:
14. Your salary plus bonus:
15. Describe your responsibilities, ownership and the reason you left the firm.
16. Provide two references from this employer/entity Including name, title, current position and place of employment, phone number and alternate phone number. In what capacity did these people work? What was their relation to you?

1. from ___ (MM/YY) to ___ (MM/YY)
2. Business Name:
3. Corporate Name (if different):
4. Other names under which does business:
5. State of Incorporation:
6. Is the Company still in business? If not, please explain.
7. Headquarters Address:
8. Website Address:
9. Address where you worked:
10. Main Phone:
11. Other Phone:
12. Your title and all positions held:
13. Your ownership %:
14. Your salary plus bonus:
15. Describe your responsibilities, ownership and the reason you left the firm.
16. Provide two references from this employer/entity Including name, title, current position and place of employment, phone number and alternate phone number. In what capacity did these people work? What was their relation to you?

1. from ___ (MM/YY) to ___ (MM/YY)
2. Business Name:
3. Corporate Name (if different):
4. Other names under which does business:
5. State of Incorporation:
6. Is the Company still in business? If not, please explain.
7. Headquarters Address:
8. Website Address:
9. Address where you worked:
10. Main Phone:
11. Other Phone:
12. Your title and all positions held:
13. Your ownership %:
14. Your salary plus bonus:
15. Describe your responsibilities, ownership and the reason you left the firm.
16. Provide two references from this employer/entity Including name, title, current position and place of employment, phone number and alternate phone number. In what capacity did these people work? What was their relation to you?

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1. from ____ (MM/YY) to ____ (MM/YY)

2. Business Name:

3. Corporate Name (if different):

4. Other names under which does business:

5. State of Incorporation:

6. Is the Company still in business? If not, please explain.

7. Headquarters Address:

8. Website Address:

9. Address where you worked:

10. Main Phone:

11. Other Phone:

12. Your title and all positions held:

13. Your ownership %:

14. Your salary plus bonus:

15. Describe your responsibilities, ownership and the reason you left the firm.

16. Provide two references from this employer/entity including name, title, current position and place of employment, phone number and alternate phone number. In what capacity did these people work? What was their relation to you?

1. from ____ (MM/YY) to ____ (MM/YY)

2. Business Name:

3. Corporate Name (if different):

4. Other names under which does business:

5. State of Incorporation:

6. Is the Company still in business? If not, please explain.

7. Headquarters Address:

8. Website Address:

9. Address where you worked:

10. Main Phone:

11. Other Phone:

12. Your title and all positions held:

13. Your ownership %:

14. Your salary plus bonus:

15. Describe your responsibilities, ownership and the reason you left the firm.

16. Provide two references from this employer/entity including name, title, current position and place of employment, phone number and alternate phone number. In what capacity did these people work? What was their relation to you?

1. from ____ (MM/YY) to ____ (MM/YY)

2. Business Name:

3. Corporate Name (if different):

4. Other names under which does business:

5. State of Incorporation:

6. Is the Company still in business? If not, please explain.

7. Headquarters Address:

8. Website Address:

9. Address where you worked:

10. Main Phone:

11. Other Phone:

12. Your title and all positions held:

13. Your ownership %:

14. Your salary plus bonus:

15. Describe your responsibilities, ownership and the reason you left the firm.

16. Provide two references from this employer/entity including name, title, current position and place of employment, phone number and alternate phone number. In what capacity did these people work? What was their relation to you?

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Section 5 - Additional Reference History

Please provide additional references so that you have a total of at least ten (10) references including those given in Section 4. Please verify all contact numbers.

| #: | Additional Reference: | Relation/Capacity: | Current Phone: | Other Phone: |
|----|-----------------------|--------------------|----------------|--------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

Section 6 - Licenses, Affiliations and Certifications

In reverse chronological order, list any and all licenses (including securities licenses), affiliations, or professional certifications as well as any trade, civic and nonprofit organizations with which you have had any association, past or present. Indicate the period of your activity and your title, role, or service capacity. Also list any special certifications you have received. Please provide a phone number if at all possible. Also provide a copy of the affiliation or certification if possible by fax to (917) 591-7787.

| License/Cert./Title | Name of Org./Board/Exchange | Complete Address: | Phone: | Dates: |
|---------------------|-----------------------------|-------------------|--------|--------|
| NA | | | | |
| | | | | |
| | | | | |
| | | | | |

Section 7 - Education

List the complete name of each institution and school you attended from doctorate and graduate level, to undergraduate and other college level institutions. Indicate the period you attended and the degree awarded if any. In addition, provide the address of each institution and, if possible, a telephone number. If your degree was earned outside of the U.S. please provide a copy of the diploma or transcript to document your degree by fax to (917) 591-7787. If a degree was not awarded, indicate "Not Awarded".

| Degree Awarded | Name of School | Address: | Phone: | Student ID # | Dates: |
|----------------|----------------|----------|--------|--------------|--------|
| BS | UNIV OF ILL | | | | 1976 |
| | | | | | |
| | | | | | |
| | | | | | |

Section 8 - Litigation, Censure, Sanctions

Provide complete detail of any litigation, civil or criminal; past, present, or pending; settled or unsettled; resolved or unresolved in any jurisdiction indicating the status of such cases, any censure or sanctions you have received or license revocation from any professional group or licensing authority. Indicate all relevant details including names of all parties, attorneys for both sides, time of action, court, case number, jurisdiction, and reason for such action. Please make sure to include any personal or business legal proceedings or bankruptcy proceedings in which you have been or may have been named. IF NONE, YOU MUST WRITE "NONE".
NONE

Section 9 - Employment, Business, and Investment Criminal History

To your knowledge has any business organization, its officers, directors or general partners of which you are/were an officer, director or general partner or in which you have or had a controlling interest (for these purposes, defined as owning a larger percentage than any other shareholder) been the subject of a criminal investigation or prosecution in any jurisdiction (whether or not convicted of a crime) during the period of and five years following your employment, investment or affiliation? If so, indicate all relevant details including whether you were personally convicted, names of all legal representatives, time of action, court, case number, jurisdiction, and reason for such action. IF NONE, YOU MUST WRITE "NONE". NONE

Section 10 - Personal Criminal History

Have you ever been charged or convicted of any crime in any jurisdiction other than in response to Section 9? If so, indicate all relevant details including names of all legal representatives, time of action, court, case number, jurisdiction, and reason for such action. IF NONE, YOU MUST WRITE "NONE". NONE

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Section 11 - Indictments and Outstanding Warrants

To your knowledge are you or any other executive, director or general partner of your current employer/entity the subject of any indictment, warrant, arrest, questioning, hearing or judgment including civil arrest warrants in any jurisdiction? If so, indicate all relevant details including court, judge, attorney, agency, offense, jurisdiction, time of action, reason for such action and any other relevant details. IF NONE, YOU MUST WRITE "NONE". NONE

Section 12 - Employment, Business, and Investment Bankruptcy Record

To your knowledge has any business organization of which you are/were an officer, director or general partner or in which you have or had a controlling interest (for these purposes, defined as owning a larger percentage than any other shareholder) filed a petition of bankruptcy or been adjudged a bankrupt or made an assignment for the benefit of creditors in any jurisdiction during the period of and five years following your employment, investment or affiliation? If so, please explain and provide all relevant details including names of all legal representatives, time of action, court, case number, jurisdiction, and reason for such action. IF NONE, YOU MUST WRITE "NONE". NONE

Section 13 - Employment, Business, and Investment Investigation History

Has any business organization of which you are/were an officer, director or general partner or in which you have or had a controlling interest (for these purposes, defined as owning a larger percentage than any other shareholder) been subject to any investigation by, or been a party to any litigation with, any international, federal, state or local agency in any jurisdiction during the period of and five years following your employment, investment or affiliation? If so, indicate all relevant details including names of all legal representatives, time of action, court, case number, jurisdiction, and reason for such action. IF NONE, YOU MUST WRITE "NONE". NONE

Section 14 - Employer and Business Unsatisfied Judgments and Liens including Tax Liens

Is any business organization of which you are/were an officer, director or general partner or in which you have or had a controlling interest (for these purposes, defined as owning a larger percentage than any other shareholder) now in default on any obligation to, or subject to any unsatisfied judgment or lien obtained by any party, public or private, federal, state or local taxing authority in any jurisdiction during the period of and five years following your employment, investment or affiliation? If so, explain, listing all unsatisfied judgments or liens. IF NONE, YOU MUST WRITE "NONE". NONE

Section 15 - Personal Unsatisfied Judgments and Liens including Tax Liens

Are you, your personal property, personal corporation, trust or foundation now in default on any obligation to, or subject to any unsatisfied judgment or lien obtained by any party, public or private, federal, state or local taxing authority in any jurisdiction? If so, explain, listing all unsatisfied judgments or liens. IF NONE, YOU MUST WRITE "NONE". NONE

PLEASE TAKE TIME TO REVIEW YOUR ANSWERS MAKING SURE YOU COMPLETED EACH SECTION AND CHECKING TO MAKE SURE YOUR REFERENCE CONTACT INFORMATION IS STILL VALID.

PLEASE EMAIL THIS COMPLETED FORM TO SECURE@BARRONPARTNERS.COM

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Section 16 - Certification and Authorization to Conduct Background Check:

I, _____, state that I have read and understand all the items contained in the foregoing pages of this questionnaire; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify Barron Partners LP in writing of any change in circumstances occurring after the submission of this questionnaire and before the execution of any contract with Barron Partners LP; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that Barron Partners LP will rely on the information supplied in this questionnaire as additional inducement when considering entering into a contract with the submitting individual or business entity. Furthermore, I understand and authorize Barron Partners LP and Eos Funds Limited to conduct a background investigation including but not limited to a criminal background check in any jurisdiction, civil case history, residence, employment and degree verification, as well as to seek and contact any references, including but not limited to references provided therein.

Name of submitting business

by

Print Name, Title

Signature

Date

PLEASE COMPLETE AND FAX A SIGNED COPY OF THIS PAGE TO

(917) 591-7787

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